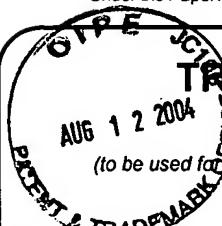


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TFCW/

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)



Total Number of Pages in This Submission 11

|                      |                    |
|----------------------|--------------------|
| Application Number   | 10/635,050         |
| Filing Date          | 08/06/2003         |
| First Named Inventor | Kenneth B. Carl    |
| Art Unit             | 1744               |
| Examiner Name        | William H. Beisner |
| Attorney Docket No.  | WIC-2630US1        |

**ENCLOSURES (Check all that apply)**

Fee Transmittal Form  
 Fee Attached

Amendment/Reply  
 After Final  
 Affidavits/Declaration(s)

Extension of Time Request

Express Abandonment Request

Information Disclosure Statement

Certified Copy of Priority Document(s)

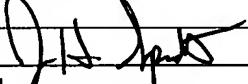
Response to Missing Parts/  
Incomplete Application

Response to Missing Parts under  
37 CFR 1.52 or 1.53

Drawing(s)  
 Licensing-related Papers  
 Petition  
 Petition to Convert to a  
Provisional Application  
 Power of Attorney, Revocation,  
Change of Correspondence  
Address  
 Terminal Disclaimer  
 Request for Refund  
 CD, Number of CD(s) \_\_\_\_\_

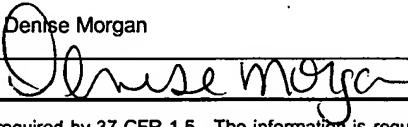
After Allowance Communication  
to Group  
 Appeal Communication to Board  
of Appeals and Interferences  
 Appeal Communication to Group  
(Appeal Notice, Brief, Reply  
Brief)  
 Proprietary Information  
 Status Letter  
 Other Enclosure(s) (please  
identify below): 1 pg. Terminal  
Disclaimer; 1 pg. Credit Card  
Payment Form

**Remarks:****SIGNATURE OF APPLICANT, ATTORNEY OR AGENT**

|                         |   |                                   |        |
|-------------------------|---|-----------------------------------|--------|
| Firm or Individual Name | Jonathan H. Spadt   | Registration No. (Attorney/Agent) | 45,122 |
| Signature               |  |                                   |        |
| Date                    | 8/10/2004   |                                   |        |

**CERTIFICATE OF TRANSMISSION / MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:

|                       |   |           |  |
|-----------------------|---|-----------|--|
| Typed or printed name | Denise Morgan   |           |  |
| Signature             |  |           |  |
|                       | Date  | 8/10/2004 |  |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, ALEXANDRIA, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**FEES TRANSMITTAL  
for FY 2004**

AUG 12 2004

Effective 10/02/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$ 110)

**Complete if Known**

|                      |                    |
|----------------------|--------------------|
| Application Number   | 10/635,050         |
| Filing Date          | 08/06/2003         |
| First Named Inventor | Kenneth B. Carl    |
| Examiner Name        | William H. Beisner |
| Art Unit             | 1744               |
| Attorney Docket No.  | WIC-2630US1        |

**METHOD OF PAYMENT (check all that apply)**

Check  Credit Card  Money  Other  None  
Order

 Deposit Account **(use as backup only):**

Deposit  
Account  
Number

18-0350

Deposit  
Account  
Name

RatnerPrestia

The Director is authorized to: **(check all that apply)**

Charge fee(s) indicated below  
 Credit any overpayments  
 Charge any additional fee(s) or any underpayment of fee(s)  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity      Small Entity

| Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description        | Fee Paid |
|----------|----------|----------|----------|------------------------|----------|
| 1001     | 770      | 2001     | 385      | Utility filing fee     |          |
| 1002     | 340      | 2002     | 170      | Design filing fee      |          |
| 1003     | 530      | 2003     | 265      | Plant filing fee       |          |
| 1004     | 770      | 2004     | 385      | Reissue filing fee     |          |
| 1005     | 160      | 2005     | 80       | Provisional filing fee |          |

SUBTOTAL (1)

(\$ 0)

**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

| Total Claims       | -20** | = | 0 | Extra Claims | Fee from below | Fee Paid |
|--------------------|-------|---|---|--------------|----------------|----------|
| Independent Claims | -3**  | = | 0 |              |                |          |
| Multiple Dependent |       |   |   | X            |                | = 0      |

Large Entity      Small Entity

| Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description  | Fee Paid |
|----------|----------|----------|----------|--|----------|
| 1202     | 18       | 2202     | 9        | Claims in excess of 20                                     |          |
| 1201     | 86       | 2201     | 43       | Independent claims in excess of 3                          |          |
| 1203     | 290      | 2203     | 145      | Multiple dependent claim, if not paid                      |          |
| 1204     | 86       | 2204     | 43       | ** Reissue independent claims over original patent         |          |
| 1205     | 18       | 2205     | 9        | ** Reissue claims in excess of 20 and over original patent |          |

SUBTOTAL (2)

(\$ 0)

\*\*or number previously paid, if greater; For Reissues, see above

**3. ADDITIONAL FEES**

| Large Entity | Small Entity | Fee Description | Fee Paid |
|--------------|--------------|-----------------|----------|
| Fee Code     | Fee (\$)     | Fee Code        | Fee (\$) |
| 1051         | 130          | 2051            | 65       |
| 1052         | 50           | 2052            | 25       |
| 1053         | 130          | 1053            | 130      |
| 1812         | 2,520        | 1812            | 2,520    |
| 1804         | 920*         | 1804            | 920*     |
| 1805         | 1,840*       | 1805            | 1,840*   |
| 1251         | 110          | 2251            | 55       |
| 1252         | 420          | 2252            | 210      |
| 1253         | 950          | 2253            | 475      |
| 1254         | 1,480        | 2254            | 740      |
| 1255         | 2,010        | 2255            | 1,005    |
| 1401         | 330          | 2401            | 165      |
| 1402         | 330          | 2402            | 165      |
| 1403         | 290          | 2403            | 145      |
| 1451         | 1,510        | 1451            | 1,510    |
| 1452         | 110          | 2452            | 55       |
| 1453         | 1,330        | 2453            | 665      |
| 1501         | 1,330        | 2501            | 665      |
| 1502         | 480          | 2502            | 240      |
| 1503         | 640          | 2503            | 320      |
| 1460         | 130          | 1460            | 130      |
| 1807         | 50           | 1807            | 50       |
| 1806         | 180          | 1806            | 180      |
| 8021         | 40           | 8021            | 40       |
| 1809         | 770          | 2809            | 385      |
| 1810         | 770          | 2810            | 385      |
| 1801         | 770          | 2801            | 385      |
| 1802         | 900          | 1802            | 900      |

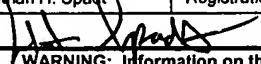
Other fee (specify) Terminal Disclaimer

110.00

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 110)

**SUBMITTED BY****Complete if Known**

|                   |   |                                  |        |           |              |
|-------------------|---|----------------------------------|--------|-----------|--------------|
| Name (Print/Type) | Jonathan H. Spadt   | Registration No. Attorney/Agent) | 45,122 | Telephone | 610-407-0700 |
| Signature         |  |                                  |        | Date      | 8/10/2004    |

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Appn. No.: 10/635,050  
Applicant: Kenneth B. Carll  
Filed: August 6, 2003  
Title: DISPOSABLE VESSEL  
T.C./A.U.: 1744  
Examiner: William H. Beisner  
Confirmation No.: 1329  
Docket No.: WIC-2630US1

**AMENDMENT**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Responsive to the Office Action dated May 19, 2004, please amend the above-identified application as follows:

- Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.
- Remarks/Arguments** begin on page 4 of this paper.